

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/9/05

2 Serial/Patent # 10/518502

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

☒ Filing

1

12/20/04

\$ 100

☐ Amendment

\$

☐ Extension of Time

\$

☐ Notice of Appeal/Appeal

\$

☐ Petition

\$

☐ Issue

\$

☐ Cert of Correction/Terminal Disc.

\$

☐ Maintenance

\$

☐ Assignment

\$

☐ Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

10 REASON:

Treasury Check

Credit Deposit A/C #:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

15--0030

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

TITLE: paralegal

SIGNATURE: R Johnson

PHONE: 308-9140

OFFICE: PCT

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: